



CITY OF MIAMI BEACH
CITY CLERK'S OFFICE

RESEARCH REQUEST LOG

Requested by: _____ Date: _____

(Please print name clearly)

Department/Address: _____

PHONE: () - _____ FAX NO: () - _____

SUBJECT/ITEM REQUESTED: _____

RELEVANT DATES IF ANY: _____

Person will come to review records	Y	N
Requests photocopies	Y	N
Requests certified copies	Y	N
Call person to pick up documents	Y	N
Send documents via Interoffice mail	Y	N

Request received by _____ Date: _____

Assigned to: _____ Completed: _____

Requestor notified or information sent on: _____

Date: _____ Time: _____ Initials: _____